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**Agency Afterschool Respite and Agency Weekend Recreation  
Re-Opening Attestation**  
October 21, 2020

Date:

To: Children's System of Care

From:

Provider Name:

Contact Number:

Facility Locations:

I, of full age, hereby certify that I represent the aforementioned provider in the capacity listed and that I am duly authorized to make the representations contained within this attestation on behalf of the provider and to bind the provider thereto. I attest that the provider has reviewed and implemented all the requirements set forth in the [Agency Afterschool Respite and Agency Weekend Recreation COVID-19 Pandemic Guidance](#) and [Facility Readiness Tool](#). Daily screening protocols are in place for staff and program participants as well as other safety protocols, all staff trainings have been completed, client and staff cohorting will be maintained at all times, and action will be immediately taken to isolate anyone who shows symptoms of COVID.

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CEO or Designee Name

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Signature

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Date

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Witness Printed Name

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Signature

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Date

**This form shall be completed, signed and returned to the Children's System of Care indicating that all requirements have been met at least 48 hours before in-person agency afterschool respite and weekend recreation services begin. Electronic signatures are acceptable.**